

# DIDD AOD CHECKLIST

Date of Call: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time of Call: \_\_\_\_:\_\_\_\_ a.m./p.m. AOD on Call: \_\_\_\_\_

Individual(s) Supported: \_\_\_\_\_

Status: ☐ TENN ☐ Non-Class ICF: ☐ Yes ☐ No

Date Incident Occurred/Discovered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Incident Occurred/Discovered: \_\_\_\_\_ a.m./p.m.

Provider Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name of ISC Agency: \_\_\_\_\_ Name of ISC: \_\_\_\_\_ or Case Manager: \_\_\_\_\_

Name of Reporter: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Event Type: (Check all that apply)

Event Type Details: (Check all that apply)

- ☐ Service Recipient Death
- ☐ Unplanned Hospitalization\*  
Hospital: \_\_\_\_\_
- ☐ Law Enforcement involved at scene
- ☐ Mobile Crisis Involvement
- ☐ Emergency Authorization of Services
- ☐ Other \_\_\_\_\_

- ☐ Medical Incident
- ☐ Behavioral/Psych Incident\*
- ☐ Missing Person
- ☐ Sexual Aggression
- ☐ Criminal Conduct
- ☐ Incarceration\*\*  
Facility: \_\_\_\_\_

**\*If hospitalization of a class member, contact the Director of Nursing by the next business day. If psychiatric hospitalization of a class member, contact the Director of Nursing by the next business day and complete the Class Member Psychiatric Hospitalization/Incarceration Form.**

**\*\*If incarceration of a class member, contact the Regional Director, complete the Class Member Psychiatric Hospitalization/Incarceration Form and route to the appropriate regional office staff by the next business day.**

EVENT/COMMENTS (provide detailed description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Continue narrative on back if additional space is needed to provide adequate detail)*

Did provider contact investigator? ☐ Yes ☐ No ☐ N/A

Service Authorization Number: (If applicable) \_\_\_\_\_ Begins at: \_\_\_\_\_ Ends at: \_\_\_\_\_  
Date/ Time Date/ Time

## To Be Completed in Case of Death Only

ISC Notified? ☐ Yes ☐ No ☐ N/A

Autopsy Requested? ☐ Yes ☐ No

Family/Conservator Notified? ☐ Yes ☐ No ☐ N/A

- **Please contact the Regional Director, Director of Nursing and Director of Compliance in the event of a death (expected or unexpected) of an individual by the next business day.**